# ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

August-September, 1993


[Editor's Note: Because of General Conference and staff vacation schedules, we present a special double issue of ALERT as the August-September issue. There will be no separate issue mailed in September. Regular monthly issues will resume in October.]

## More Resources For Local Churches A Priority of HIV/AIDS Task Force

The UFMCC AIDS Ministry Long-Range Planning Task Force met on Monday, July 26, 1993, in Phoenix, AZ immediately following General Conference. The Task Force members felt that the most immediate priority for UFMCC AIDS Ministry should be the increased production of resources for local churches.

The Task Force members were very pleased with the newly-published "Spiritual Strength For Survival Support Group Manual," (see related story below). Members of the Task Force felt that more manuals like this one, which gives local churches a ready-to-use program for HIV/AIDS Ministry, are an urgent need in the Fellowship. Rev. Elder Don Eastman, Chair of the Task Force, noted that Rev. David Farrell, pastor of MCC San Diego, has already agreed to produce a manual on how to do an AIDS Vigil of Prayer.

Other manuals being considered for development are a bereavement manual, a worship and liturgical resources manual, a social services and political action manual, and a prevention and education manual. These manuals will be written by a variety of contributors, and will provide multiple options and models appropriate to the varied needs of UFMCC local churches. The manuals will be published by UFMCC and will be available through the Church Services Department. Task Force members were very enthusiastic about the planned series of manuals to be added to the "Spiritual Strength For Survival Support Group Manual," and expressed a tremendous urgency in getting these done as soon as possible.

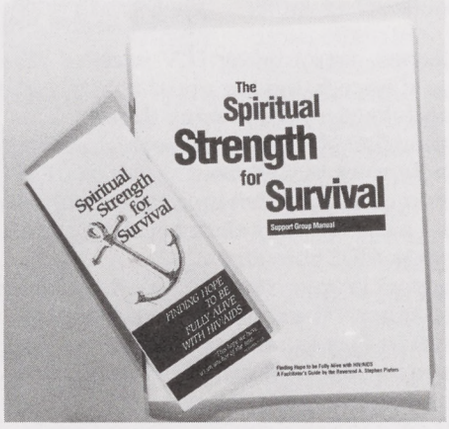
In other business, the Task Force discussed ideas for ALERT, and went over the 1994-95 Service Statement and Service Plan for UFMCC AIDS Ministry, and the Work Plan for the Field Director. In addition, the Task Force reviewed General Conference programs and activities relating to HIV/AIDS, and began plans for the 1995 General Conference in Atlanta.

The Task Force will meet again January 21-22, 1994. Task Force members are Rev. Elder Don Eastman, Chair, Rev. Dr. Lori Dick, Ralph Masek, Rev. Jim Mitulski, Jane Rogers, Jorge Sosa, Rev. Paul Tucker, and Larry Young. ▼

## New Resource For Local Church HIV/AIDS Support Groups

The UFMCC AIDS Ministry has published a new resource book for local churches: the "Spiritual Strength For Survival Support Group Manual." The manual, written by Rev. A. Stephen Pieters, gives instructions on how to do a spiritually-based support group for people with HIV/AIDS. The support group is based on the 10 principles of the widely-distributed pamphlet, "Spiritual Strength for Survival," also by Rev. Pieters.

The manual has chapters on how to do the support group, a facilitator's script, and detailed analyses of each principle and scripture from the pamphlet. Also included at the end of each principle chapter are questions which help the group look at how these principles and scriptures apply to their own lives.




*The Spiritual Strength for Survival Support Group Manual*

"I absolutely love this manual!" says Daryl Smith, who has facilitated eleven "Spiritual Strength for Survival" groups at the Cathedral of Hope MCC in Dallas, TX, USA. "It's really good for people who are going to attempt one of these groups. The questions posed at the end of each principle are excellent. I think the guidelines are going to be very helpful. The idea of each of the ten principles being combined with the scripture is great: you just can't beat it! So I recommend this manual to any church that wants to get a support group started!"

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# HIV/AIDS Programming Well-Received at General Conference XVI

Alexandra Levine, M.D., Rev. Ken South, and Alison Arngrim were among the special guest speakers who addressed General Conference audiences about HIV/AIDS issues. A "Spiritual Strength for Survival" support group was held five days of the conference. A "Living Room" for persons with life-threatening illnesses offered food, rest, and pastoral care. For the first time, a health care directory for the local area was provided to conference participants. A full range of workshops throughout the week offered opportunities to learn about a variety of areas of interest to persons affected by HIV/AIDS. And a memorial service gave opportunity to grieve and acknowledge the tremendous losses we have suffered over the 25 year history of UFMCC.

In the business meeting, the UFMCC AIDS Ministry report was approved within the Board of Elders report. Near the end of the week, a motion was passed which, at future conferences, will separate the AIDS Ministry report so that it can be considered along with the other program reports.

*Rev. Ken South, Exec. Director of ANIN and ANIN Board Members Sara Brown, Rev. Steve Pieters and Rev. Elder Don Eastman at the AIDS Ministry luncheon.*

*Alison Arngrim teaching the "Humor and Healing" Workshop.*

Alison Arngrim attracted the largest audiences of any of the HIV/AIDS workshops. The TV actress, best known for her role as "Nasty Nellie Oleson" on the long-running "Little House on the Prairie," taught a very effective workshop on "Safer Sex Negotiating Skills," and literally had them on the floor at her "Humor and Healing" workshop.

In other workshops, Rev. Jane Carl, Rev. Denis Moore, and Rev. Nancy Radclyffe explored the tensions and similarities between New Age philosophy and Christian theology in AIDS Ministry. Jane Rogers shared her considerable expertise in public policy issues in the U.S. Rev. Jack Isbell, Larry Young, Preben Sloth, and Allen Jones taught from their own experiences how to create AIDS ministry in a small church. Rev. Susan Dietrick, Rev. David Farrell, and Rev. Don Magill spoke powerfully from the heart about their experiences as pastors facing health crises. Because Rev. Larry Uhrig was in the hospital in Washington, D.C. with an attack of pneumocystis carinii pneumonia, his Associate Pastor, Rev. Candace Shultis, sat in and shared her perspective on how Larry's health crisis has affected her and the church.

Dr. Alexandra Levine lectured on the issues surrounding HIV vaccine development. Peppering her with questions afterwards, persons with HIV/AIDS in the audience found her usual clarity and directness very useful. One man reported, "I got a lot of useful information which I can take right back to my doctor."

Rev. Ken South spoke to a large group at the AIDS Ministry Luncheon. In addition to speaking about his work as Executive Director of the U.S. AIDS National Interfaith Network (ANIN), South praised UFMCC AIDS Ministry for its leadership not only in the work of ANIN, but as a model for other much larger denominations with much greater resources. He pointed out that UFMCC is the only religious organization with a monthly newsletter on AIDS, and only one of two denominations in the United States with a staff person whose fulltime job is AIDS ministry.

The "Spiritual Strength for Survival" support groups were attended by about 25 people, who greatly appreciated the opportunity to share, network, and learn together. The group was always upbeat and positive, and many group members looked forward to the lunch hour each day when they knew they'd find some understanding people! One of the women with AIDS at the conference said, "The support group was so positive, partly because we didn't have to complain about all our needs not being met. Our needs were anticipated, and met, and that allowed us to focus on the conference!" After the conference closed, the people who attended the support groups presented Rev. Steve Pieters, the group facilitator, with a stuffed animal: a howling Arizona coyote, complete with red bandana!

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# UFMCC's New Elders: A Wealth of Experience in HIV/AIDS Ministry

The two newest members of the Board of Elders bring with them extensive experience in HIV/AIDS Ministry. Elected at General Conference XVI, Rev. Elder Darlene Garner and Rev. Elder Hong Tan have both worked for many years in the HIV/AIDS field, and continue to demonstrate commitment to all persons affected by HIV/AIDS.

## Rev. Elder Garner: Balancing Patience and Urgency

In June, Rev. Elder Darlene Garner completed a term as Chair of the Board of Directors of Northern Virginia AIDS Ministry (NoVAM), an AIDS service organization with a budget just under one million dollars. They have received grants from the Ryan White funds, and provide transportation services, support groups for people with HIV and their families, a playcare center for children, and numerous support services. Half their clients are women. Rev. Elder Garner is particularly proud of their education program for local school districts. The program is called "Face to Face" since people with hiv are trained to become the educators.

This is merely the new elder's most recent service in the HIV/AIDS field. During her time in Philadelphia, Rev. Elder Garner served as a chaplain for an AIDS hospice called "Burning Bush," where she primarily did "cross-over" work. Rev. Garner explains, "Three of us were on call to be present for people with AIDS during their last 24 hours. We stayed with them every moment until they 'crossed over'." Rev. Garner was also one of the founding members of the African-American outreach program of the Philadelphia AIDS Task Force.

While pastor of MCC Baltimore, Rev. Elder Garner performed "lots of memorial services for people outside the church," and served as the AIDS chaplain for the AIDS floor at a nursing home. In both Philadelphia and Baltimore, Garner showed a great commitment to political work related to HIV/AIDS issues.

In speaking to ALERT, Rev. Elder Garner reflected on what she's learned from being involved with HIV/AIDS: "I've learned at a personal level not to be afraid of death, which makes the dying easier. I've learned that the quality of our living is reflected in our dying. I've learned a greater appreciation for patience and urgency. Patience is called for when seeking institutional change, or political change. I must be patient and yet persistent.

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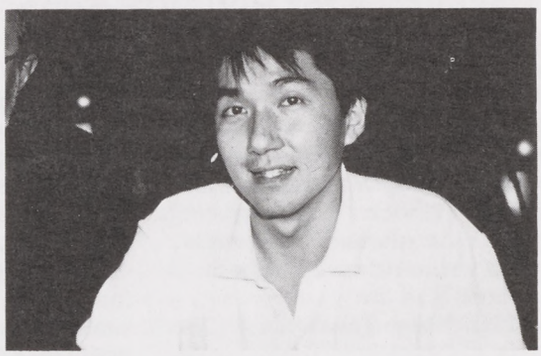
*Our two newest Elders: Rev. Hong Tan and Rev. Darlene Garner.*

## Rev. Elder Hong Tan's Long History With HIV



Rev. Elder Hong Tan's involvement in the HIV/AIDS field began ten years ago when he became a buddy to a person living with AIDS. This man was from MCC Melbourne, Australia, but had been resting on his home island of Malta. When he developed the island's first case of Kaposi's Sarcoma, officials locked him up, but then sent him to Middlesex Hospital in the United Kingdom, where Hong Tan worked. Hong became his only contact with the outside world, and performed many of the practical tasks required of buddies. When the man was well enough, he returned to Australia and died some three years later.

Hong continued his commitment to persons with HIV/AIDS by becoming involved in the Terrence Higgins Trust, one of the primary HIV/AIDS service agencies in London. Since he was one of very few persons of color, he became involved in equality issues very quickly.

In 1984, he left his hospital job to become the HIV Coordinator for one of London's boroughs. He set HIV/AIDS policies for the local government and health authority, and oversaw the borough's developing HIV/AIDS services.

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# "There Really Was a Wolf"

## By the Rev. Larry J. Uhrig

In the early '80's, Larry Kramer and the folks from The Gay Men's Health Crisis in New York cried wolf as they saw the approaching onslaught of AIDS. Many of us, me included, were not ready to agree with them. I recall an early public information meeting about AIDS which I attended. I remember taking to task a man from New York, saying that the word "crisis" was an over-reaction to the situation. I continued to question how real the threat was.

Well, now it's twelve years later, and all I can say is, "There really was a wolf." They were right. The U.S. National Commission on AIDS has published its final report. It lays blame at the feet of Government, the President, and Congress, for neglect and mismanagement of this crisis. I didn't think I would come to agree with Larry Kramer and many from ACT UP, but I do. Both Presidents Reagan and Bush have blood on their hands. I only hope that President Clinton can wash some of the stain away from the hands of government and the White House. I am willing to give him more time than some of my colleagues are, but not forever. There must be a radical change in our approach to this illness and our approach to medical care. Our culture is bankrupt when it comes to medical costs and care. There is no care, there is only profit. The bottom line matters more than life itself.

Many of us also have blood on our hands. This blood comes from touching and holding those who suffer and die. This blood is cleansing and healing. We who dare to get close to this plague have gained a certain measure of power over it. We are learning to overcome each event of sickness. We are pressing on toward a future in which our spirits shall be forever free. Free from sickness and free from the fear and ignorance that pervades our culture with regard to this viral presence. We can look into the face of AIDS and fear not.

Given the power and weath of America, I believe we could have defeated this plague long before now. But politics more than medicine have directed the approach to AIDS in America. When will we wake up to the masses of the dying? When will we teach the children how to be safe and responsible? When will we stop our petty arguments and tell the truth? I am not sure what will kill the children: AIDS or their parents' ignorance. I am sure that unless America wakes up, this scourge will touch every family in the land. Ignorance will permit the wolf to roam freely.

My phone just rang. Another friend just died minutes ago at Johns Hopkins University Hospital. There really is a wolf and it is loose in the land. It runs rampant in our streets and homes.

It stalks my blood stream daily.

IS IT TOO LATE TO CRY WOLF AGAIN? ▼

## New Resources for HIV/AIDS Support Groups

(continued from page 1)

Dr. Alexandria Levine, the well-known HIV/AIDS physician and researcher who was a special guest speaker at General Conference XV and XVI, says of the manual, "I've never seen anything quite like it; the manual is extremely useful, and well written. Thanks for a job well done!"

Rev. Elder Hong Tan states, "The manual is an excellent practical resource that anyone can pick up and understand. We constantly need more of this kind of program, written in everyday language, which any church can take on."

Rev. Paul Tucker, Director of Pastoral Care at the Cathedral of Hope MCC, declares, "This manual is one of the best resources ever to come out of the Fellowship."

A number of MCC's have held "Spiritual Strength for Survival" support groups already. The Cathedral of Hope has had tremendous success with these 10-step support groups. Daryl Smith, who has lived with HIV for ten years, explains, "On many occasions, I have heard people say how useful it is to have a group with a spiritual base to it. This is quite unique in Dallas. People find the spiritual aspects of the group very helpful."

The Cathedral of Hope MCC's AIDS Ministry has such a good reputation in Dallas, that frequently HIV/AIDS social service agencies refer clients to the Cathedral and its support groups. When people from outside the church join the 10-step groups, Daryl reports, "It makes it very interesting to combine the spirituality with the more practical parts of living with HIV. It can be a great challenge to make it a spiritually-based group. But the groups work very well, and people gain a lot of valuable information from them. The last three groups have turned into cell groups of the local church. We're forming longtime relationships in the groups, and people really take care of each other."

Daryl Smith encourages people who are interested in the support groups to just start one: "Once you attempt it, and get people involved, you'll have great success! Don't be afraid to try it!"

The manual on how to do the Spiritual Strength for Survival 10-step support group is available for U.S. $8.00 plus $1.44 postage, from UFMCC Church Services Department, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029; (213) 464-5100. ▼

## HIV/AIDS Program at General Conference XVI

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Among the 38 clergy ordained at the Friday evening service, there were more persons with AIDS ordained than in any previous General Conference. What is usually an emotional ritual became a truly sacred moment for the clergy with AIDS, the Elders, and all who love these pastors.

Although HIV/AIDS has been a more visible issue at other General Conferences, concern for other health issues such as breast cancer and the visible presence of so many persons living with HIV/AIDS meant that General Conference participants were constantly conscious of the life-threatening illnesses that so many of us face. ▼

## ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, please write: ALERT, 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029.

## Rev. Elder Darlene Garner

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"And when looking to affect the immediate needs of an individual, it must be done with utmost haste. If one is hungry, one can't wait until the telephone line at the food bank is no longer busy, or wait for a food service to get their official non-profit status."

Rev. Elder Garner feels that HIV/AIDS is not just a men's issue, considering all the women among us who live with HIV/AIDS. "It's important for us AIDS activists to keep it visible. I have been and continue to be committed to being present with people affected by HIV, and that commitment is at a personal level and, to the extent I'm able, at an institutional level." ▼

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## Rev. Elder Hong Tan

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As more volunteer organizations began to form, he joined the Board of Directors of Body Positive, where he was instrumental in setting up a day-care/drop-in center for persons with HIV/AIDS. He also established the Black HIV/AIDS Network, London's largest care and support agency for people of colors.

Tan was also involved in setting up "Food Chain," which now delivers hot meals to 200 persons with HIV/AIDS a week. To learn how to create this program, Hong flew to New York where he met with Rev. Dr. Karen Ziegler at AIDS Interfaith New York, and studied the methods of God's Love We Deliver, a pioneer food program for persons with HIV/AIDS.

Hong also was responsible during this period for training health control personnel at Heathrow Airport about HIV/AIDS issues. "I was surprised at their lack of knowledge," he reports. "It was frightening in terms of their assumptions about African people, the transmission of the virus, all sorts of things."

He soon was called to another London borough, Lewisham, to coordinate the borough's drugs, alcohol, and HIV services. Lewisham, a badly depressed area, had just experienced its first case of AIDS, in an African-Carribean man, and according to Hong, "the health care workers were just freaked out." Hong got to work, establishing policies, setting up education and training, and creating programs.

Rev. Elder Tan's next assignment came in November, 1992, when he was appointed Executive Director of the Globe Centre, an HIV/AIDS support and service agency in the east end of London, the poorest borough in the country. "The Centre came from a desperate need for some kind of HIV/AIDS service there. So we created a day/evening support centre for community health and social support. It is also the largest support centre with a two million pound capital building scheme."

The building is a 1930's swimming baths which is being renovated. Half of the funding comes from the government, and half from private fundraising. Rev. Tan states, "We have strong links to City of London business people, with an appeals committee which works very diligently for us." The building has four floors, London's only hydrotherapy spa for persons with HIV/AIDS, a theatre space, and many counseling rooms and offices.

Hong's aim is to create a "one-stop shop" that serves to empower persons with HIV. The Centre currently offers counseling, art and sculpture classes, meditation and relaxation sessions offered by Buddhist and Christian counselors, as well as food, advice, and a whole range of activities targeted for women and children. Two hundred people have come through the doors since its opening.

Every Friday, persons with HIV/AIDS take over the Centre completely. "The people with HIV own it! They have a bridge class, a library. In a way, I thought about it a bit like a church, in terms of how we can empower our people," Rev. Tan shares.

Turning his focus on the Fellowship, the new Elder reflects, "HIV is at the core of who we are as a Fellowship. It's within our heartbeat. We're living, dying and mourning, and it's quite difficult. Denial and fear are still with us and must constantly be addressed."

Rev. Elder Tan praises the work of Rev. Elder Don Eastman and Rev. Steve Pieters as "enormously effective in terms of raising awareness," and believes that there must be "more pro-active planning of multi-national, multi-cultural, and multi-lingual responses to HIV." In his work with the Globe Centre, he is confronted constantly with these needs as more sub-Saharan Africans and Italians with HIV/AIDS move to the United Kingdom for their services.

Rev. Tan senses a tension between HIV and the needs of other health issues, such as breast cancer. He feels the various diseases which challenge us today must be considered to be "parallel, not one against the other." He hopes the Fellowship can achieve a "health and wholeness" approach in ministry to persons with all life-threatening illnesses.

Rev. Tan, the District Coordinator of UFMCC's European North Sea District, affirms that our local churches are already doing a great deal in health and wholeness ministries and hopes that a resource directory will be pulled together, featuring the diversity of experiences among UFMCC churches. "We must constantly face up to HIV, both with our membership and our pastors with HIV." He reports a second wave of denial in London, particularly among younger gay men who have among the fastest rising rate of HIV infection. "We must always be aware of being explicit about how HIV affects us. We cannot afford to go into social denial."

In reflecting on his new role as Elder, Rev. Tan says, "I cannot divorce the parts of me in my work as Elder. I bring with me into service as Elder my commitment to HIV. I'd like to look at how we can lead in the multifaceted work of HIV. In Europe, we have vibrant HIV services in our churches. MCC can always improve as the leader in faith responses to HIV.

"I'd like to try and insure that our pastors with HIV, breast cancer, and any other life-threatening illness can find safety and appropriate levels of confidentiality in those whom they tell.

"I really believe that we'll see a day when we'll have moved over the hills, and can look back on the ravages of HIV. In the meantime, I hope we'll always remember that we must never lose hope. We must work as hard as we can to insure that people have spiritual safety, hope, and a home in our churches." ▼

# Rev. Jack Isbell Hired As HIV/AIDS Prison Chaplain

Rev. Jack Isbell has become the first MCC pastor in the U.S.A. to be hired as a fulltime chaplain at a correctional facility. Hired by the California Department of Corrections, Rev. Isbell is serving as a chaplain for Unit 4, the HIV/AIDS Unit of the California Medical Facility at Vacaville, a men's correctional facility. Over 500 of the 3,000 inmates are HIV-positive.

Up until a year ago, there were no services for inmates with HIV, but thanks in part to pressure from ACT-UP, the California legislature approved six million dollars for reconstruction of a unit as a facility for inmates with HIV/AIDS, including funds for the chaplaincy position Rev. Isbell fills.

Vacaville is familiar with UFMCC. The Fellowship sued Vacaville to receive permission to do worship services. The Fellowship won, and Keith Apple, Executive Director of Excel, has been doing services there for the last eight years. Isbell gives Apple a lot of credit for establishing a strong foundation for MCC, with the result that Isbell's affiliation with UFMCC was not even raised as an issue in the hiring process.

Rev. Isbell was instrumental in opening a 10-bed hospice on one of the hospital units in the facility. It has been redecorated with a TV room and "nicer decor," Jack confides. There are 30 other beds in the unit for persons with "special problems" such as difficulty in walking, and a meditation garden is planned.

Although Rev. Isbell serves as chaplain for all 500 of the HIV-positive inmates, most are healthy and want only occasional consultation. Isbell spends most of his time with the hospice and the support care program.

*Rev. Jack Isbell*

Chaplain Isbell has revitalized the pastoral care services, in part by creating a buddies program. Isbell matches inmates in the hospice with healthier HIV-positive inmates, and trains them with Kubler-Ross theory and techniques. He runs a support group two hours a month, takes communion into the hospice every Friday, and has performed one baptism. This inmate died with his baptismal certificate right next to his bed. Jack shares, "Inmates can be very manipulative and anti-social, but a lot of games and all those things drop out when they're in the terminal phase. By the time they get to Unit 4, gang affiliation tends to drop away."

He finds himself facing a lot of disappointment among hospice inmates when they are denied "compassionate release," which is routinely applied for when transferred to the hospice. "And they all fear pain. But we have good doctors in the facility and they do good pain management."

The hospice unit averages two deaths from HIV per month, and Rev. Isbell performs a memorial service the Tuesday after anyone dies. "I put a lot of emphasis on getting them to talk, so they can deal with their feelings."

As chaplain of the HIV/AIDS unit at Vacaville, Rev. Isbell finds no easy answers. "I pray for tri-fold healing: in mind, body and spirit. The power of prayer seems to work for some inmates. And being an MCC pastor has helped a whole lot with the ecumenical nature of the work." Among other ecumenical duties, once a month Isbell performs a Sunday mass for Roman Catholics.

There are predictions that within 5 years, the entire 3,000-person facility will be full of inmates with HIV/AIDS. Isbell hopes that more MCCer's will come into the facility as community volunteers. "It's an avalanche. Anyone can come visit. All we need is your birth date, social security number, driver's license number, and three days notice. It's a calling that needs desperately to be done. The correctional mentality is that they're here to be punished, and HIV is in the middle of all that."

Meanwhile, Rev. Jack Isbell goes within the correctional facility at least forty hours a week, embodying God's love for inmates with HIV/AIDS, making their lives a little more bearable, praying with them for healing, and sometimes helping them face their deaths within the walls of Vacaville correctional facility. ▼

# Sixth U.S. National AIDS Update Conference

The Sixth U.S. National HIV/AIDS Update Conference will take place October 19-23, 1993 at the San Francisco Civic Center. The theme of the conference, "Learning from the Past, Focusing on the Future," reflects the changing nature of HIV and AIDS-related care as well as changes the epidemic has brought about in health care in general. The primary goal of the conference is to provide opportunities for discussion among health care service providers, educators, and program administrators to find the best means to meet the special challenges which the epidemic poses.

The conference program includes five tracks: Treatment, Care and Services, Prevention and Education, Policy and Administration, and Health Services/Program Evaluation. The conference program is designed to benefit a broad range of service providers in the HIV epidemic. Individuals directly affected by HIV/AIDS are encouraged to attend.

For further information, costs, and registration forms, contact NAUC 93 Conference, c/o KREBS Convention Management Services, 555 DeHaro St., Suite 200, San Francisco, CA 94107-2348; Fax: 415/255-2244, or by phone 415/255-1297 (assistance only; registration not accepted by phone.) ▼

# Treatment Briefs

**by Derek Link**

*The following four articles are reprinted with permission from "Treatment Issues" Volume 7, Number 6, published by the Gay Men's Health Crisis, New York, New York.*

## ▼ NIAID Announces TB Agenda

The National Institute of Allergy and Infectious Diseases (NIAID) will spend $20.7 million on tuberculosis research in fiscal year 1993, a six-fold increase over fiscal year 1991. This increase occurs during a rapid rise in tuberculosis cases worldwide. In April, the World Health Organization declared the resurgence of tuberculosis an international public health emergency. Furthermore, TB is the leading cause of death of people with AIDS worldwide. NIAID outlines the eight ways it wants to spend the money: more studies on TB epidemiology and natural history, more basic research into TB biology, development of new diagnostics, development of new drugs or drug delivery systems, new clinical studies of anti-TB drugs, new vaccines to prevent TB, training for TB researchers, and education campaigns about TB prevention.

## ▼ Intralesional GM-CSF For Kaposi's Sarcoma?

A group of researchers report that local injections of GM-CSF may be effective in treating KS lesions. In a letter to "The Lancet" (May 1, 1993; 341:1154) the researchers described the case of a 46-year-old man with KS. After three months of treatment with standard KS drugs, vinblastine and vincristine, the lesions continued to grow. GM-CSF (400ug) was injected at the site of a large KS lesion and ten days later the researchers describe the lesion as having "disappeared." GM-CSF (leukine) is a manufactured version of a natural human protein which stimulates the growth of certain white blood cells from the bone marrow. No adverse effects were seen from the treatment.

## ▼ FDA To Regulate Vitamins, Minerals; Public Comments Sought

The U.S. Food and Drug Administration announced in the "federal Register", June 17, new regulations to govern the labeling, content, safety, and health claims made for vitamins, minerals, amino acids, and other diet supplements commonly sold in health food stores and pharmacies. The new regulations would require these products to carry the same sort of labeling now found on processed foods. Health claims for these products would be permitted, but only if FDA "Finds significant agreement among qualified experts that these claims are scientifically valid." FDA seeks public comments on its proposal. Written comments should be submitted to: Dockets Management Branch, HFA-305, Food and Drug Administration, Room 1-23, 12420 Parklawn Drive, Rockville, MD 20857.

## ▼ Vaginal Douching Increases PID Risk

A recent study in "Obstetrics & Gynecology" (April 1993) suggests that vaginal douching increases the risk of pelvic inflammatory disease (PID), a serious infection of the upper genital tract in women. While the need to douche may be increased among women with PID, the study found a significantly greater incidence of PID among women who douched. Moreover, women who douched most frequently had the greatest risk of PID. Women with HIV have a substantially higher risk of developing PID, and when they do develop the condition, it is often serious and difficult to treat. Women with HIV should be aware that there is increasing evidence that douching may increase the chances of developing PID.

# Facts on Tuberculosis and HIV

Tuberculosis is a rapidly increasing problem among persons with HIV/AIDS. Here are facts about tuberculosis and HIV, adapted and reprinted with permission from the Southern California HIV/AIDS Hotline, AIDS Project Los Angeles:

1. TB CAN be cured.
2. Taking medications regularly and without interruption is the best way to ensure a speedy recovery.
3. TB continues to be a major world health problem. Worldwide, there are an estimated 8 million new cases each year, and 3 million deaths.
4. An estimated 10 million U.S. citizens are infected with TB.
5. Anyone can get TB, but some people are at higher risk. For example, people with impaired immune systems (as with HIV infection) may be more susceptible to TB.
6. 14% of individuals infected with TB also have HIV infection.
7. People infected with TB but not HIV have a 5-10% chance of developing active TB in their lifetime. People with both TB and HIV, however, have an 8% cumulative chance each year of developing active TB. Further, a person with HIV who is also infected with TB has a 100% chance they will develop active TB in their lifetime.
8. Commonly prescribed drugs to prevent a TB infected person from developing active TB are: INH (Isoniazid), STREP (Streptomycin), Rifampin, Pyrazinamide, and Ethambutol.
9. Before treatment, a person with active TB can infect others. After drug treatment is underway, practically never.
10. People who have been vaccinated with the BCG vaccine (Bacillus Calmette-Guerin) - usually in countries other than the U.S. - may react positively to TB skin tests. It is important to determine whether their positive reaction is due to the BCG vaccination or TB infection. They should be retested 9 months after the initial test.

Remember: Only people with ACTIVE TB are contagious. TB is an airborne disease and is spread when people with active TB cough or sneeze; transmission of TB is more likely if you are with someone with active TB for a long time. The most important way to prevent transmission of TB is making sure that you are in places with plenty of fresh air or ventilation.

You can protect yourself from TB by never letting anyone cough or sneeze in your face. Demand that people cover their mouth and use a tissue.

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# HIV Therapy Guidelines Issued for U.S. Physicians

An independent panel of experts, convened by the U.S. National Institute of Allergy and Infectious Diseases (NIAID) has released preliminary recommendations regarding the use of antiretroviral drugs in the care of adults infected with HIV. Final recommendations will be submitted in July to a peer-reviewed medical journal for publication.

The panel's recommendations are not federal or NIAID policy. "The panel's recommendations offer physicians guidance in working with their HIV-infected patients in the selection of appropriate therapies," says Anthony S. Fauci, M.D., director of NIAID. "With such advice and counsel, patients and their caregivers can make the most informed decisions about whether to begin, change, or combine therapies."

The panel emphasized the choice to accept or decline antiretroviral therapy ultimately rests with the patient. The panelists included physicians, investigators, statisticians and people living with HIV infection.

The recommendations for patients who have never before received antiretroviral therapy are:

* For patients without symptoms whose CD4+ T cell counts are above or equal to 500, the panel recommends continued observation, and clinical and immunological monitoring, (measurement of CD4+ T cell counts) every six months.

* For patients without symptoms whose CD4+ T cell counts are between 200 to 500 and who are stable over time, the panel recommends consideration of the following two options:

1. initiation of antiretroviral therapy;
2. continued observation and monitoring for clinical or laboratory evidence of deterioration, at which point antiretroviral therapy should be initiated.

* For patients with CD4+ T cell counts between 200 and 500, who present with symptoms related to HIV disease, the panel recommends starting antiretroviral therapy.

When choosing an initial antiretroviral therapy:

* Use AZT as first-line therapy in patients who have received no prior antiretroviral therapy. The recommended dose is 600 mg/day in divided doses.

* The recommendation to initiate therapy with AZT applies to patients with or without symptoms, with CD4+ T cell counts between 200 to 500 or below 200, or to patients with severe AIDS-Related Complex or AIDS regardless of their CD4+ T cell counts.

* Combination therapy with AZT and ddI or AZT and ddC also may be considered, although clinical trials have not conclusively demonstrated clinical benefit to date.

On changing initial therapy in patients who are tolerating an initial antiretroviral therapy:

* In patients tolerating initial therapy, the panel recommends continuing AZT for patients who appear to be stable with CD4+ T cell counts above 300.

* For patients who have CD4+ T cell counts below 300, the panel recommends consideration of two options:

1. continuing AZT; or
2. changing to ddI.

The panel notes that the strongest data supporting a change in therapy to ddI were seen in patients who had been on AZT for four months or longer (median duration of 13 months prior to AZT).

For patients who are intolerant to AZT, or who experience progression of disease despite AZT therapy:

* In patients with CD4+ T cell counts between 200 to 500, and 50 to 200 who are intolerant of AZT, the panel recommends switching to ddI monotherapy. For AZT intolerant patients with CD4+ T cell counts of less than 50, the panel recommends switching to ddI or ddC monotherapy. Another option includes discontinuing antiretroviral therapy.

* For patients with CD4+ T cell counts between 200 to 500 and 50 to 200 who show signs of clinical progression, the panel recommends initiating an alternative antiretroviral regimen. Options include monotherapy, for example with ddI, or initiation of combination therapy by adding a second agent, either ddI or ddC.

* For patients with CD4+ T cell counts below 50 and who have evidence of disease progression, the panel recommends switching to an alternative monotherapy, either ddI or ddC.

Other options include combination therapy.

* For patients with CD4+ T cell counts above 500 who are taking AZT but experience intolerance, the panel recommends discontinuation of therapy. ▼

# NIAID Investigating HIV in Women

U.S. Health and Human Services Secretary Donna E. Shalala has announced that the U.S. National Institute of Allergy and Infectious Diseases has awarded $5 million to four new sites participating in a large-scale study to investigate the impact of HIV infection on women in the United States.

The four-year project, called the Women's Interagency HIV Study, will study the signs and symptoms of HIV infection in women, describe the pattern and rate of their immune system decline and examine potential co-factors that may affect their HIV disease progression. The study also will provide information on the effect of therapies on the length of survival and quality of life for HIV-infected women.

AIDS is now the sixth leading cause of death for women aged 25 to 44 in the U.S. ▼

# Facts on Tuberculosis and HIV

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The symptoms of TB can be similar to the symptoms of HIV: persistent cough, weight loss, fever, night sweats, and loss of appetite. If you are experiencing these symptoms, make sure your health care provider tests you for TB so it can be ruled out as one of the causes.

People with HIV infection may not be able to produce a response to the skin test. There are special rules used to read the skin tests of people living with HIV. If you have HIV, you need to tell the person who reads your skin test that you are HIV infected. If the skin test comes out positive, a follow-up chest X-ray should be ordered to see if the infection is active. Remember, a positive skin test doesn't mean you have active TB, it means past exposure and infection has taken place.

For your protection, if you have HIV and a positive TB test, you should start taking prophylactic (preventive) oral medication for one year so that you will not develop active TB. Take this medication exactly as it is directed by your health care provider to avoid serious health problems. ▼